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Authors

Bailey, David N
Lipscomb, Mary F
Gorstein, Fred
et al.

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Life After Being a Pathology Department Chair: Issues and Opportunities

David N. Bailey, MD¹, Mary F. Lipscomb, MD², Fred Gorstein, MD³, David Wilkinson, MD, PhD⁴, and Fred Sanfilippo, MD, PhD⁵

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Abstract

Although there is a considerable literature on transition of faculty members to the position of department chair, there is a dearth of publications about transitioning from the chair to other activities including retirement. The Association of Pathology Chairs senior fellows (all of whom are former chairs of academic departments of pathology) made this topic a focus of discussion at the Association of Pathology Chairs 2016 Annual Meeting. Of the 33 senior fellows engaged in this discussion, following their time as chairs, a small majority (18) transitioned to other administrative posts within or outside the university, while the others either returned to the active faculty (7) or retired (8). The motivating factors and influences for transitioning from the chair were probed along with the processes used in executing the transition, such as the development of transition plans. The reasons for selecting the specific type of postchair activity were also investigated. There was extraordinary diversity in the type of post-chair activities pursued. To our knowledge, no other medical specialty has examined these issues, which may be potentially relevant for the career planning of active chairs.

Keywords

pathology department chairs, retirement, senior fellows, succession, transition

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Although there is a fairly substantial literature on becoming and functioning as a department chair,^{1–10} there are only isolated reports about transitioning from the chair, and most of those focus on the return to active faculty status after relatively short terms as chairs.^{11–13} One older survey of sitting family medicine chairs reported the reasons they might likely leave the chair, but this was based on speculation and did not involve those who had transitioned already.¹⁴

Perhaps more than most medical disciplines, pathology has extraordinary heterogeneity. Chairs of academic pathology departments include basic scientists, physician scientists, and clinical practitioners. As with other medical disciplines, academic departments of pathology can exist alone in the university, alone in the health system, or (as most) in both the university and health system. There is also considerable variability in pathology clinical service responsibilities including tissue and organ assessment (eg, surgical and autopsy pathology), cellular assessment (eg, cytopathology and hematopathology), blood and fluid assessment (eg, laboratory and molecular/

genomic medicine), direct patient intervention (eg, fine needle aspiration and transfusion medicine), outcomes measurements, and development of analytical methods. Even the teaching responsibilities of pathologists range widely, covering basic science (eg, PhD students and postdoctoral fellows), medical education (eg, medical students, residents, and clinical fellows), and other professions students (eg,

¹ Department of Pathology, University of California, San Diego, CA, USA

² Department of Pathology, University of New Mexico, Albuquerque, NM, USA

³ Department of Pathology, Thomas Jefferson University, Philadelphia, PA, USA

⁴ Department of Pathology, Virginia Commonwealth University, Richmond, VA, USA

⁵ Department of Pathology and Laboratory Medicine, Emory University, Atlanta, GA, USA

Corresponding Author:

David N. Bailey, Department of Pathology, University of California, San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0602, USA.

Email: dnbailey@ucsd.edu



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pharmacy students and allied health students). In addition, the disciplines taught are quite diverse (eg, pathology, anatomy, histology, embryology, microbiology, immunology, molecular biology, genetics, and informatics). Finally, there is heterogeneity in the focus of scholarly research activities of pathologists, which includes but is not limited to mechanisms of disease, manifestations of disease, outcomes assessment, and epidemiology. Given this high degree of variability, perhaps it is not surprising that many chairs of pathology transition to a wide range of administrative positions both within and outside the academic health center.

Activities of Association of Pathology Chairs Senior Fellows

Formally established in 1968, the Association of Pathology Chairs (APC) is a nonprofit society that serves as the voice of academic departments of pathology in the United States and Canada. Members include the chairs of those academic departments. Four subsections of APC represent other key leadership positions in these departments: residency program directors, undergraduate medical education directors, pathology department administrators, and graduate medical education administrators.

Senior fellows of the APC comprise a membership category created in 2012 to involve former academic pathology chairs wishing to provide service to APC. By definition, all current 33 senior fellows (including the authors) have transitioned from serving as chair of an academic pathology department. Accordingly, this provided a unique opportunity to explore why these individuals decided to transition from the chair, how they decided what to do after serving as chair, and the processes they followed to achieve the transition. To that end, the APC devoted a discussion group session at its 2016 national meeting to this topic. This article represents the findings from that discussion. To our knowledge, no other medical subspecialty has examined these issues. Because the findings in this article were the output of a discussion group, the University of California, San Diego, Human Research Protections Program deemed that institutional review board review was not necessary. That said, it should be emphasized that quantitative information is lacking and that the reported outcomes represent the consensus opinions of the 33 Senior Fellows.

Service Time of the Association of Pathology Chairs Senior Fellows as Department Chairs

The 33 APC senior fellows served from 5 to 34 years as department chair, with 29 of them serving as chair in 1 institution and 4 serving as chair in 2 different institutions. The total length of time served as chair varied greatly from 5 to 34 years, with an average of 15.5 years and median of 12 years (Figure 1).

After leaving their chair positions, 18 chose to assume other administrative positions while 7 returned to active faculty positions and 8 retired. The various types of

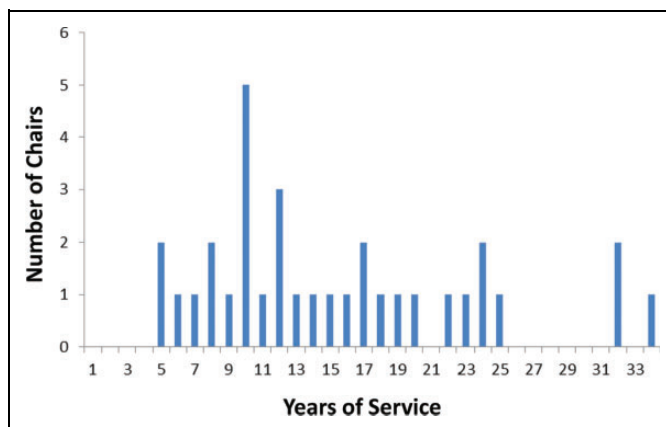


Figure 1. Years of service as pathology department chair.

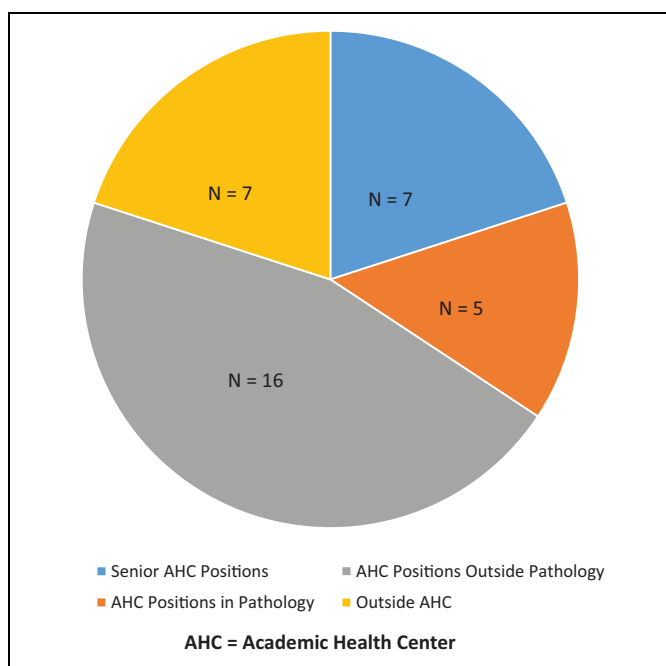


Figure 2. Types of administrative positions assumed after department chair (The 35 positions noted were occupied by 18 former chairs with some positions being held simultaneously but most sequentially.).

administrative positions that senior fellows transitioned into are shown in Figure 2.

Senior-Level Academic Health Center Administrative Positions Assumed by Association of Pathology Chairs Senior Fellows

Of the 33 APC senior fellows, 7 transitioned into more senior academic health center administrative positions: 4 served as medical school dean coupled with service as head of the associated academic health system (one of whom also subsequently served as head of an academic health system elsewhere) and 3 served as medical school dean alone (one of these served as dean in 2 different institutions; Figures 2 and 3).

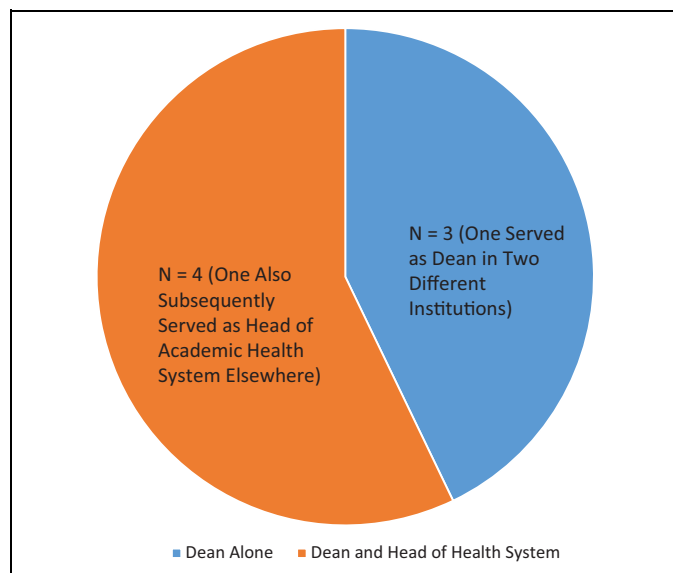


Figure 3. Department chairs who became dean and/or head of academic health system.

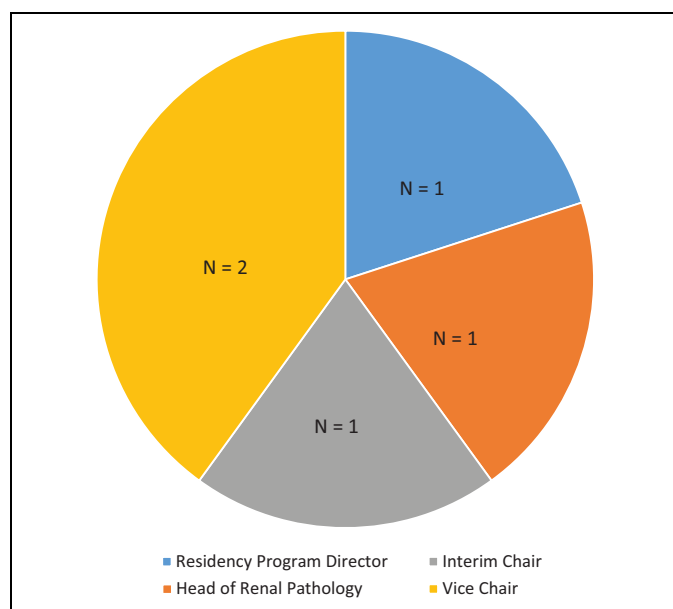


Figure 4. Department chairs who assumed other administrative positions in academic health center pathology departments.

Other Academic Health Center Administrative Positions Assumed by Association of Pathology Chairs Senior Fellows

Postchair administrative positions within a department of pathology included residency program director, head of the section of renal pathology, and interim chair. Two individuals served as vice chair (Figures 2 and 4).

Postchair administrative positions within an academic health center but outside a department of pathology

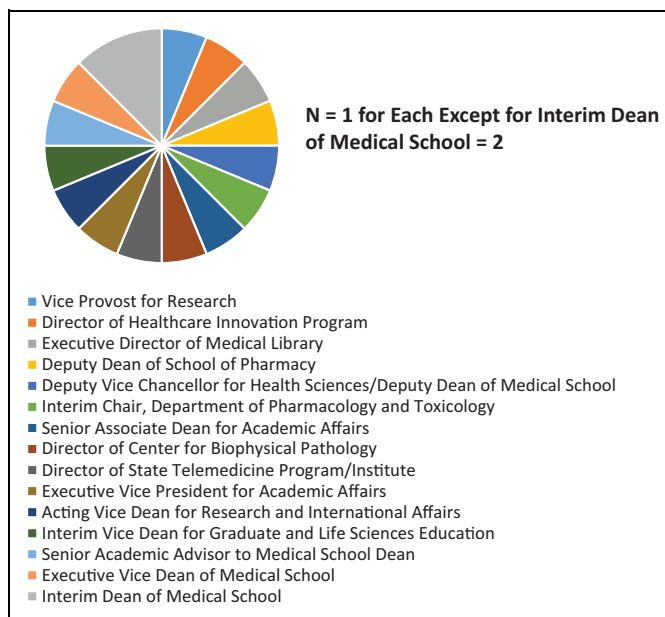


Figure 5. Department chairs who assumed other administrative positions in academic health center but outside pathology.

included the following: vice provost for research, director of health-care innovation program, executive director of the medical library, deputy dean of a pharmacy school, deputy vice chancellor for health affairs/deputy dean of a medical school, interim chair of a department of pharmacology and toxicology, senior associate dean for academic affairs, director of a center for biophysical pathology, director of a state telemedicine program and institute, executive vice president for academic affairs, acting vice dean for research and international affairs, interim vice dean for graduate and life sciences education, senior academic advisor to the medical school dean, and executive vice dean. Two individuals served as interim medical school dean (Figures 2 and 5). It should be noted that several former chairs subsequently assumed more than 1 postchair administrative position within a university.

Nonacademic Health Center Administrative Positions Assumed by Association of Pathology Chairs Senior Fellows

Several former pathology chairs assumed administrative positions outside an academic health center as follows: executive vice president of the American Board of Pathology, chief executive officer of the American Board of Pathology, president/president-elect of the College of American Pathologists, senior vice president for biomedical and health sciences research at the Association of American Medical Colleges, chief executive officer and executive vice president of the American Medical Association, chair of the board of directors of the American Registry of Pathology, and medical director of the Marcus Foundation (Figures 2 and 6).

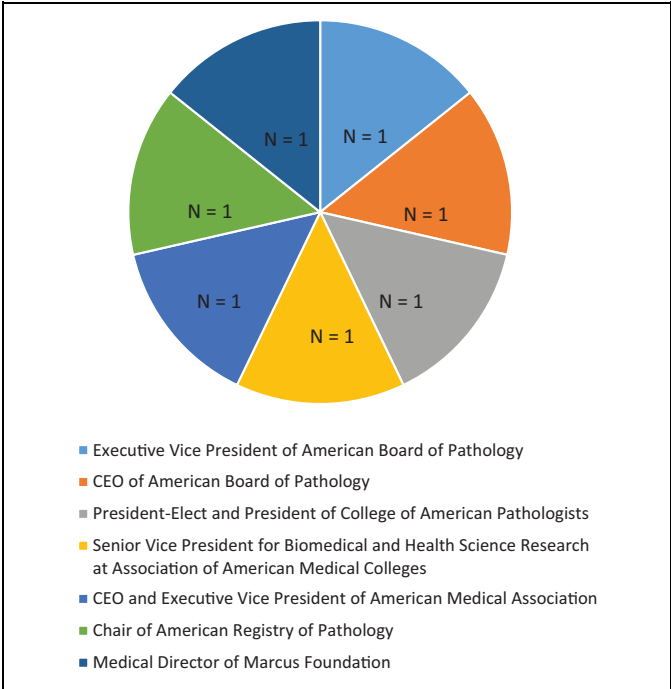


Figure 6. Department chairs who assumed other administrative positions outside academic health center.

Table 1. Reasons for Leaving the Chair to Assume Another Academic Health Center Administrative Position.

Accomplished enough as chair and ready for something new
Want to become a dean or other academic health center leader
Seeking a broader challenge
Desire to build something new (eg, a new medical school, new pathology department)
Administer a new program launched as chair
Return to research and/or clinical service but in another administrative role
Institutional conditions are ideal for recruiting a new chair to the incumbent's department
Completed term limit

Nonadministrative Positions Assumed by Association of Pathology Chairs Senior Fellows

Of the 33 senior fellows, 15 did not assume postchair administrative positions: 7 returned to the active faculty and 8 went into “retirement” as emeritus faculty, although many of the 8 continued clinical, teaching, and/or research activities.

Reasons for Transitioning From Pathology Chair to Other Positions

Another Academic Health Center–Based Administrative Position

Senior fellows who transitioned to another academic administrative position indicated that they did so for the reasons indicated in Table 1. As chair, they indicated that they had acquired

Table 2. Reasons for Leaving the Chair to Assume a Nonacademic Health Center Administrative Position.

Become more broadly involved in a specific area of health-care delivery or systems design
Pursue an independent research enterprise or medical publication
Extend the scope or change the focus of a health-care-related organization
Design new systems or technology to support pathology practice
Pursue an interest in a specific area of pathology (eg, development of standards of practice)
Devote full-time effort to an external entrepreneurial activity

Table 3. Reasons for Transitioning From the Pathology Chair Back to the Active Faculty or to Retirement

Return to research, teaching, and clinical service work without administration
Launch and/or devote full-time effort to entrepreneurial activities
Spend more time consulting
Take a sabbatical leave
Spend more time with family

a wide range of skills and experiences that positioned them for a larger, more complex leadership position. These included the following: building teams and mentoring/advising/coaching faculty, staff, and students; having a greater ability to judge what drives people and improves performance; gaining the confidence of stakeholders in serving the larger community; playing a larger role in the institution and working on a broader scale; building new programs, especially “from scratch”; achieving satisfaction in being a leader; acquiring a broad perspective on governance and leadership; and understanding the complexity and importance of aligning missions and organizations in academic health centers.

Nonacademic Health Center–Based Administrative Position

Senior fellows who transitioned to a nonacademic administrative position indicated that they did so for the reasons listed in Table 2. Most of the reasons related to a desire to change the environment of health-care practice and delivery on a larger scale. A few individuals even assumed some of these positions before stepping down as department chair.

Transitioning Back to the Active Faculty or to Retirement

Almost half of the APC senior fellows transitioned back to the active faculty or to retirement, and the number was about evenly split between those 2 categories. The reasons are shown in Table 3. Those who did not retire often returned to funded research although with smaller laboratory groups and fewer projects than prior to being chair, whereas others opted to engage in more teaching and/or clinical work. Some made use of Veterans Affairs Healthcare System appointments, particularly part-time, which allowed them to make up compensation

Table 4. Positive Influences on Decision to Transition From the Chair.

Attraction of other career opportunities (usually a position more senior than chair)
Desire to become chair at a more desirable institution
Attraction of launching a career in a new discipline (eg, health policy, informatics)
Desire to launch a career in a new area of interest (eg, volunteer organizations, industries)

that may have been lost due to leaving the chair or (for retirees) to supplement their university pensions. A few received endowed professorships that supported postchair salary and research or developed and/or expanded new entrepreneurial activities such as launching a central clinical trials laboratory. Some took advantage of telework options to permit them to work from home at least part of the time.

Factors Influencing the Decision About When to Leave the Chair

Being a department chair can be both very rewarding and very difficult. Thus, perhaps not surprisingly, there are numerous influences, both positive and negative, that inform individual decisions to leave the pathology chair. These influences may result in variable effects since transition of the chair may be good for the chair, the department, and institution or may be good for only 1 or 2 of these entities.

Positive Influences

A number of positive influences to leave the chair position were identified, especially the lure of other career opportunities (Table 4). These were most commonly a more senior position, usually in an academic health center (eg, dean, senior executive of an academic health system or health center), but in some instances outside the academic health center (eg, foundations, professional societies, agencies, industries). Occasionally, the attraction was another chair at what was perceived to be a more desirable institution (eg, more prestigious, better geographic location, greater financial stability). The discussion also brought out other potential attractions that might drive the transition from serving as a chair, such as opportunities to launch a career in a new discipline (eg, informatics, health policy) or a particular area of interest (eg, industry, volunteer organizations).

Negative Influences

Many potential negative influences were identified in the discussion (Table 5). In some cases, chairs found that they were becoming bored with their positions and that building a department had lost its appeal. Alternatively, some felt that they could not improve the department further and that it was the time to bring in someone with fresh, new ideas.

Table 5. Negative Influences on Decision to Transition From the Chair.

Position is no longer rewarding and enjoyable
Becoming bored with current position
Building a department lost its appeal
Feeling that one cannot improve the department further
Insufficient time for other priorities
Inadequate institutional support of department
Lack of appreciation by the institution and/or department
Inconsistent and/or difficult senior leadership
Change in vision and/or priorities of the institution
Personal/professional conflicts with others
Poor chair performance review

Occasionally, chairs found that the position was no longer rewarding or even enjoyable. They started to feel that the position limited time for other priorities or that there was too much time spent with administration and management with too little time for leadership and mission-based activities.

Some chairs became discouraged because of what they perceived as inadequate institutional support of the department (eg, financial, administrative), while others found that they could no longer successfully balance the missions of teaching, clinical activity, and investigation. In some instances, the chair sensed a lack of appreciation by the institution and/or department.

Another negative factor often identified was an increasing level of stress and frustration. This could have been the result of many factors, including change in vision and/or priorities in the institution either driven by a change in leadership or by external influences (eg, the marketplace), an undesirable reorganization of the school and/or department, misalignment of the academic missions, inability to maintain control over department affairs, insufficient resources to move the department forward, inadequate support from the faculty and/or institutional leadership, and inconsistent and/or difficult senior leadership.

In some instances, personal or professional conflicts with senior leaders (medical school, health system), peers (other chairs, center directors), department faculty and staff, and community leaders caused the chair to wish to step down. Similarly, a poor chair performance review was usually a significant negative influence leading to stepping down as chair.

Personal Factors

Some department chairs found that negative nonprofessional factors induced them to transition out of the chair (Table 6). These included family issues (eg, not enough time or compensation to meet the needs of the family), personal health issues, and “geographic” issues (eg, desire for a better climate, closer access to family and friends).

Barriers to Transitioning From the Chair

Having arrived at the decision to step down as chair does not necessarily mean that it would happen (Table 7). Barriers to

Table 6. Personal Factors Influencing Decision to Transition From the Chair.

Family issues (not enough time with family; insufficient salary)
Personal health issues
Geographic issues (desire for better climate, closer access to family and friends)

Table 7. Barriers to Transitioning From the Chair.

Cannot afford financially to leave the position
Family and friends are resistant to relocating
Faculty and staff concerns about future of the department
Senior leadership does not want a change in chair
Inability to find a suitable successor chair

Table 8. Some Elements of the Department Plan.

Time frame for transition
Determination of who will direct the plan
Succession plan
Strategic plan
Budget and funds flow
Difficult problems to resolve
Role in selection of interim chair and/or new chair

transitioning from the chair include the following: financial factors (eg, cannot afford to leave the position), family and friends who resist potential relocation, department faculty and staff who fear what might happen to the department with a change in leadership, dean and other university leaders who may not want a change in chair, and the inability to find a suitable successor chair.

Development of Plans for Transitioning From the Chair

Department Plan

Chairs who decide to step down often wish to develop a department and/or a personal transition plan. In fact, a recent survey of ophthalmology chairs reported that chairs who developed a plan for anticipated retirement felt less stress than those who did not have a plan.¹⁵ That said, it should be noted that some chairs do not have sufficient time to prepare a plan (eg, if they are suddenly drafted to serve in another leadership role such as dean).

Some elements of the department plan are shown in Table 8. The department plan should include considerations of the time frame for transition and a determination of who will direct the plan (eg, dean, consultants, department senior faculty). Components of the plan may include a new or updated succession plan, a new or updated strategic plan, a financial plan outlining the budget process and funds flow, and resolution of difficult problems prior to departure. In developing the plan, some

Table 9. Some Elements of the Personal Plan.

When to inform faculty, dean, and others and order in which to do so
Determination of what materials to retain and what to leave behind
How to deal with “lame duck” effect
Assessment of impact on family, career, and finances
If remaining at the institution in a more senior role, determination of how to interact with one’s former department
If returning to the department:
– determination of what degree of involvement to have with the department
– how to cope with not being chair
– location of office
– how to deal with faculty who complain to former chair about the new chair and ask the former chair for intervention
– how to interact with an interim or new chair who may have been one’s subordinate
– negotiation of a postchair transition package if such is an option

chairs rely on the most recent department review, consultants, and/or objective input from the dean as well as input from other chairs who have transitioned. The issues that need to be addressed for key-affected stakeholders should be identified. Subjective input from colleagues, family, and friends is also often helpful.

In implementing the department plan, any written summary documents and status reports should be prepared for the department archives, the next chair, and the dean. The nature of these documents will vary from department to department. The chair’s role, if any, in the appointment of an interim chair and/or the search for a new chair should be addressed explicitly to all stakeholders. In many instances, as part of succession planning, the chair will have groomed several internal candidates to serve as interim chair and/or candidate for permanent chair.

Personal Plan

Personal planning for transition from the chair will, by its very nature, be highly variable from individual to individual. Some chairs prepare a personal plan before the departmental plan, whereas the others may reverse the order. Some elements of the personal plan are listed in Table 9. Considerations in the development of a personal plan may include the following: when/how to inform the dean, the faculty, and stakeholders outside the institution; the order in which to inform people; what materials to retain from service as the chair; and what to leave behind for the next chair. During the transition, it is important to consider how to deal with the “lame duck” effect after announcing plans to step down and how to be helpful without interfering with the interim or new chair. An important consideration if transitioning to a more senior role at the same institution is what degree of involvement and activity to have with the department, especially if involved in the recruitment and/or appointment of the new chair. Moreover, if the former chair becomes dean or another official with oversight of the department from which he/she came, consideration must be given as to how one will interact with that department so that there is not the perception of showing favoritism to that

department. If returning to the department faculty, it is useful to plan the location of an office, how to cope with not being chair, and how to deal with colleagues who may come to the former chair with issues that should be brought to the new chair.

Some former chairs found that they transitioned into being the “senior statesperson” of their department, which can be helpful to the new chair and the department, and is usually a positive experience for the past chair. However, some former chairs become frustrated or have a negative experience, especially if faculty come to them complaining about the new chair and his/her policies and ask the former chair for intervention.

Additional issues to anticipate are postchair interactions with the dean and other chairs and coping with no longer being in the “inner circle” of events and decision-making. Difficult interactions may also occur at the department level when the former chair must report to someone who may have once been his/her subordinate. Development of a personal transition plan should include assessment of the impact on family, career, and finances, as well as a personal evaluation of the positive and negative aspects of the transition.

Development and implementation of the personal plan may involve consultants, mentors, coaches, the dean, and other chairs who have transitioned, as well as family, friends, and colleagues who will be affected by the transition. Some individuals may have the opportunity to negotiate a “postchair transition package” (eg, research support, sabbatical leave, staff support, office) if they return to the active faculty.

Influence of Prior Activities on Postchair Activities and Interests

A combination of prechair, chair, and nonchair professional activities as well as nonprofessional activities may inform the types of activities that former chairs will pursue. These include activities at the local, regional, national, and international levels.

Influence of Role Models on Transitioning From the Chair

Role models are individuals who influence the thinking and/or behavior of individuals either consciously or subconsciously.^{16,17} Accordingly, they can be formal (eg, mentors, advisors, coaches) or informal (eg, present or former acquaintances whose personalities and attributes affect ones thinking). Obviously, role models for chairs contemplating transition can be positive (ie, individuals who successfully transitioned from the chair or other leadership positions) or negative (ie, individuals who did not successfully make such transitions and were unhappy). These individuals, known personally or virtually, can help evolve new ideas or challenge existing ideas, can either be senior or a peer, or can be professionals or nonprofessionals. The influences rendered by mentors can be via active consultation and/or passive observation and can help affect the entire decision-making process, the risk–benefit analysis, considerations of work/life balances, and personal behavior and self-awareness. Although rare, a few individuals will state that they have no role models at all.

Concluding Comments

There is obviously potential bias inherent in this report since APC senior fellows elect membership to this category and have the time and interest to engage in service to APC. Indeed there was extraordinary diversity in the post-retirement career paths selected by these individuals. Thus, it is likely that they represent a subset of people who, after serving as a chair, are motivated to remain professionally active and also have the time to do so. It is also conceivable that these motivated people may have been inspired to serve longer as chair than others. Furthermore, it is not known how many former chairs who are not senior fellows remained professionally active or how many wished to engage but did not have the time because of other commitments. Another potential bias is due to the fact that senior fellow membership category has been available only for the last 4 years, long after many chairs had stepped down. In addition, the current number of APC senior fellows (33) is relatively small. That said, there was a remarkable consensus in identifying the reasons for transitioning from the pathology chair, the thinking that went into making the decision to step down, and how to accomplish the transition.

It should also be reemphasized that this report is the outcome of a discussion group of select former chairs (Senior Fellows) and does not represent the results of a quantitative survey of former chairs, which would have been challenging to perform given the large population of retired chairs, many of whom are no longer available for follow-up. Thus we were unable to estimate the frequency of reasons for leaving the chair and could only document the wide range of reasons and issues. However, there was strong consensus on these issues. Although we are not aware of published postretirement information for chairs of other medical specialties, it is tempting to speculate that the findings would be similar. Indeed, a survey of sitting family medicine chairs about reasons that might cause them to leave the chair¹⁴ found that the most common reason would be job dissatisfaction (no longer effective, no support from the institution, department not growing, need for less stress), followed by a desire for a career change (pursuit of new opportunity, return to teaching and research, promotion), requirement to leave (mandatory retirement, term limits), and personal reasons (age, spousal retirement, illness). However, these were only speculations since this was not a postretirement survey. In addition, this survey was conducted more than 25 years ago when the environment for academic chairs at most institutions was quite different than it is today.

Finally, it is also interesting to speculate whether similar or different findings would apply to individuals transitioning from other administrative leadership posts both within and outside the university. These should be topics for further study.

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